BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

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COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY	DOCKET	NO

FOR PATENT AND DESIGN APPLICATIONS

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Fill in Appropriate
Information For Use Without
Specification

Insert Title:

Attached:

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Insert Priority

Information:

(if appropriate)

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRIVING APPARATUS AND METHOD OF LIQUID CRYSTAL DISPLAY APPARATUS

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) 2000–300970	Japan	Sep./29/2000		Claimed
	- oapan	DCP-72372000	ХX	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
(Number)	(C			
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
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(Number)	(Country)	(Month/Day/Year Filed)	Yes	\overline{No}
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(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
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Insert Provisional Application(s): (if any) I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)
(Application Number) (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6 Months for Designs) Prior To The Filing Date of This Application:

Insert Requested Information: (if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37.

\$112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Filing Date)

(Filing Date)

and the national or PCT international filing date of this application: Insert Prior U.S.

(Application Number)

(Application Number)

(Status - patented, pending, abandoned)
(Status - patented, pending, abandoned)

Date of Filing (Month/Day/Year)

Application(s):

(if any)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Terrell C. Birch	(Reg. No. 19,382)	Raymond C. Stewart	(Reg. No. 21,066)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
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C. Joseph Faraci	(Reg. No. 32,350)		

Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Insert Name of Inventor	Masafumi	KATSUTANI	masafum Kat		Aug. 1, 2001
Document is Signed	Residence (City, Sta			CITIZENSHIP	
lüsert Residence	Nara-shi N	ara Japan		Japanes	e
Einsert Citizenship					
-	POST OFFICE ADDR	RESS (Complete Street Address	including City, State & Country)		
International Post Office	329-1-217,	Kodono-cho Nara-sh	i Nara 630-8441 Japa	n	
Fail Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
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ड क्ष्म्य ड क्ष्म्य	POST OFFICE ADDI	RESS (Complete Street Address	including City, State & Country)		
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
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Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
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Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
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DATE OF SIGNATURE